

KN  
12/27

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AK</i>	<i>CRP</i>	<i>10/24/00</i>
O.I.P.E. CLASSIFIER	<i>AK</i>	<i>CS</i>	<i>10/28</i>
FORMALITY REVIEW	<i>AK</i>	<i>571</i>	<i>12/21/00</i>
RESPONSE FORMALITY REVIEW	<i>HA</i>	<i>358</i>	<i>04-06-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
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39	✓
40	✓
41	✓
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44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
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100	✓

Claim	Date
Final Original	
101	✓
102	✓
103	✓
104	✓
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106	✓
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143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

If more than 150 claims or 10 actions  
staple additional sheet here

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